

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

1/553 337

FILING DATE

4-21-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21	/					
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41	/					
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	65					
TOTAL CLAIMS	69					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/										
52		/										
53		/										
54		/										
55		/										
56	/											
57		/										
58		/										
59		/										
60		/										
61		/										
62		/										
63		/										
64		/										
65		/										
66		/										
67		/										
68		/										
69		/										
70		/										
71		/										
72		/										
73		/										
74		/										
75		/										
76		/										
77		/										
78		/										
79		/										
80		/										
81		/										
82		/										
83		/										
84		/										
85		/										
86		/										
87		/										
88		/										
89		/										
90		/										
91		/										
92		/										
93		/										
94		/										
95		/										
96		/										
97		/										
98		/										
99		/										
100		/										
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												